

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

101596395

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		1					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11	1						61						
12		1					62						
13		6					63						
14		0					64						
15	1						65						
16		1					66						
17		0					67						
18	1	2					68						
19		1					69						
20		1					70						
21		2					71						
22		1					72						
23		2					73						
24	1	1					74						
25		1					75						
26	1						76						
27		1					77						
28		1					78						
29		3					79						
30	1						80						
31		1					81						
32		1					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24						TOTAL CLAIMS						